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Bib Data Sheet

CONFIRMATION NO. 2860

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|--|--|-----------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>09/760,017   | <b>FILING OR 371(c) DATE</b><br>01/12/2001<br><b>RULE</b>  | <b>CLASS</b><br>310               | <b>GROUP ART UNIT</b><br>2834   | <b>ATTORNEY DOCKET NO.</b><br>60,130-984 |
| <b>APPLICANTS</b><br>Michel Le Hir, Conde Sur Noireau, FRANCE;<br>Alain Jausset, Amaye Sur Orne, FRANCE; |  |                                   |   |  |
| <b>** CONTINUING DATA *****</b>  |  |                                   |   |  |
| <b>** FOREIGN APPLICATIONS *****</b><br>FRANCE 0000412 01/13/2000  |  |                                   |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 03/01/2001</b>                               |  |                                   |   |  |
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met  | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged | <b>STATE OR COUNTRY</b><br>FRANCE | <b>SHEETS DRAWING</b><br>2  | <b>TOTAL CLAIMS</b><br>7                 |
| Examiner's Signature: <i>[Signature]</i><br>Initials: <i>[Initials]</i>                                  |  | <b>INDEPENDENT CLAIMS</b><br>1    |   |  |
| <b>ADDRESS</b><br>26096  |  |                                   |   |  |
| <b>TITLE</b><br>A MOTORIZED REDUCTION GEAR WITH A COMMUTATOR HAVING AN INTEGRAL MAGNETIC RING            |  |                                   |   |  |
| <b>FILING FEE RECEIVED</b><br>970  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following:  |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |